



Today's Date: \_\_\_\_\_

## Syracuse University Vendor Parking Application 2024-25

Company Name: _____
Contact Name: _____
Company Address: _____
Email Address: _____ Cell Phone#: _____
Business Phone#: _____

### Vehicle Information

Please provide current vehicle information in the field below.

State	Plate	Make	Model	Style (i.e., SUV, sedan)	Color	Year

### Payment Option; Fee is \$650 Per Permit

Personal check (to Syracuse University)    Credit/debit card *(If choosing this option, you must visit the Parking and Transportation Services Office in person to provide this number.)*

### Certification

I understand that parking is at my own risk and that I am responsible for all Syracuse University parking rules and regulations.

Signature: \_\_\_\_\_

### Form Submission

Upon completing this form, you may either submit via email to [parkingpermit@syr.edu](mailto:parkingpermit@syr.edu), bring the form to the Parking and Transportation Office in person, or mail the form to: Syracuse University Parking and Transportation Services, 621 Skytop Road, Suite 190, Syracuse, NY 13244.

**For Office Use Only:**

*Number of Permits:* \_\_\_\_\_

*Total Cost (\$600/ea.):* \_\_\_\_\_

*Issued Date:* \_\_\_\_\_

*Payment Type:* \_\_\_\_\_

*Expiration Date:* \_\_\_\_\_

*Issued By:* \_\_\_\_\_

*Vendor UID#:* \_\_\_\_\_

*Permit UID#:* \_\_\_\_\_